



2026-2027 Financial Aid Office

Dependency Override

Student Name: _____ EPCC ID: _____

What is a Dependency Override?

Sometimes, students have circumstances that make it difficult or impossible to rely on their parents for support. A Dependency Override can allow you to be considered an independent student for financial aid purposes, even if your FAFSA says you are dependent.

Important Considerations:

- **Not a Guarantee:** Submitting a Dependency Override does not automatically mean you will be approved. Each case is reviewed individually.
- **Final Decision:** The Financial Aid Office decision is final and cannot be appealed to the Department of Education.

Eligibility:

Dependency Overrides are typically considered in situations such as :

- **Abuse or Neglect:** Have experienced abuse or neglect within your family.
- **Abandonment:** No contact with parents or parents have abandoned you.

How to Apply for a Dependency Override:

1. Complete this form and the 2026-2027 Institutional Verification Form

<https://www.epcc.edu/Admissions/FinancialAid/financial-aid-forms>

2. Write a Statement: Explain your situation in detail, including:

- When you last had contact with your parents.
- Why you cannot get their support or information.
- How you are supporting yourself.

3. Gather Documentation

- **Financial Information:** Provide your 2024 tax transcripts or tax return. If you did not file, provide a non-filer letter. Provide proof of current source of income and the current check stubs for the last month.
- **Supporting Statements:** Get letters from two professionals (teachers, counselors, clergy, etc.) who know about your situation.
- **Additional Proof:** Include any other documents that support your case.

4. Where to Submit

- **In Person:** At any District-Wide Financial Aid Office
- **Email:** Send your completed form and documents to Financial.Aid@epcc.edu

Please answer the following; if additional space is needed, attach a separate sheet.

1. Did you live with either parent within the last six months of 2025?

☐No ☐Yes

2. My current permanent address is:

3. I have lived at this address since: ____/____/____

4. This property is owned by:

5. Is the residence listed above owned by a relative?

☐No ☐Yes, How are you related? _____

6. Any additional information we need to be aware of:

By signing below, I certify that all the verification documents submitted with this certification are complete and correct. I, the student whose information was reported on the FAFSA, must sign and date. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Reference

1. How long have you known the student? _____

2. Are you related to the student?

☐ No ☐ Yes, How? _____

3. With whom does the student reside? _____

4. To the best of your knowledge, has anyone claimed the student as a dependent on their income tax return for the following years:

▪ 2024 ☐ Do not know ☐ No ☐ Yes, by whom _____

5. Please explain briefly what you know about the students' situation and if you are providing support. If you should need more space to explain, please attach a letter.

I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Signature

Date

Reference

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2. Are you related to the student?

☐ No ☐ Yes, How? _____

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